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## BIB DATA SHEET

CONFIRMATION NO. 6738

| SERIAL NUMBER | FILING or 371(c)<br>DATE<br>RULE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET<br>NO. |
|---------------|----------------------------------|-------|----------------|------------------------|
| 10/665,793    |                                  | 424   | 1618           | KAP 100 CIP            |

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/412,050 09/19/2002  
 and is a CIP of 09/861,326 05/18/2001 PAT 6,746,661  
 which claims benefit of 60/249,128 11/16/2000

This application 10/665,793 09/19/2003  
 is a CIP of 09/861,196 05/18/2001 PAT 6,514,193  
 which claims benefit of 60/249,128 11/16/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* \*\* SMALL ENTITY \*\***

12/10/2003

| Foreign Priority claimed   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY | SHEETS DRAWINGS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
|--|---|--|------------------|-----------------|--------------|--------------------|
| 35 USC 119(a-d) conditions met   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                  |                 |              |                    |
| Verified and /JAGADISHWAR RAO SAMALA/<br>Acknowledged Examiner's Signature |   | SJ<br>Initials                               | FL               | 6               | 26           | 3                  |

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**TITLE**

Flexible and/or elastic brachytherapy seed or strand

|                                   |   |  |
|-----------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>598 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                            |
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